

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <i>Mr</i> <i>Weldon</i> <i>W</i> NICKNAME LAST SUFFIX <i>Hurt</i>			OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; margin: 10px auto; width: fit-content;"> Abilene City Secretary MAR 29 2017 Filed for Record </div> Date Hand-delivered or Date Postmarked <i>MD</i>									
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 3516 Abilene TX 79604</i> <input type="checkbox"/> Change of Address												
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 673-6700</i>			Receipt # Amount \$ Date Processed Date Imaged									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <i>Mrs</i> <i>Debbie</i> <i>A</i> NICKNAME LAST SUFFIX <i>Hurt</i>												
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. Box 3516 Abilene TX 79604</i>												
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 673-6700</i>												
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>					<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)										
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="width: 20%;"></td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;"><i>01 / 01 / 2017</i></td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;"><i>03 / 31 / 2017</i></td> </tr> </table>					Month Day Year		Month Day Year	<i>01 / 01 / 2017</i>	THROUGH	<i>03 / 31 / 2017</i>		
Month Day Year		Month Day Year											
<i>01 / 01 / 2017</i>	THROUGH	<i>03 / 31 / 2017</i>											
11 ELECTION	<table style="width:100%;"> <tr> <td style="width: 30%;"> ELECTION DATE Month Day Year <i>05 / 06 / 2017</i> </td> <td> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>					ELECTION DATE Month Day Year <i>05 / 06 / 2017</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	<table style="width:100%;"> <tr> <td style="width: 50%;"> OFFICE HELD (if any) </td> <td style="width: 50%;"> 13 OFFICE SOUGHT (if known) <i>Abilene TX City Council Place #4</i> </td> </tr> </table>					OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Abilene TX City Council Place #4</i>						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Weldon W Hurt

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2170.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2792.98

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

386.43

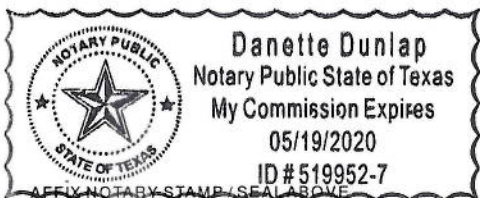
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Weldon W Hurt

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Weldon W Hurt*, this the *29* day of *March*, 20*17*, to certify which, witness my hand and seal of office.

Danette Dunlap
Signature of officer administering oath

Danette Dunlap
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Weldon W Hurt***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2170.⁰⁰</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2792.⁹⁸</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>5</u>
2 FILER NAME <u>Weldon W Hurt</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/6/17</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tim Akins</u>	7 Amount of contribution (\$) <u>\$85.00</u>
6 Contributor address; City; State; Zip Code <u>286 Pilgrim Abilene TX 79602</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>11/6/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randy Glenn</u>	Amount of contribution (\$) <u>\$85.00</u>
Contributor address; City; State; Zip Code <u>21 Glen Abby Abilene TX 79606</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11/6/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Harmon</u>	Amount of contribution (\$) <u>\$85.00</u>
Contributor address; City; State; Zip Code <u>133 Avenida DeLeon Abilene TX 79602</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>11/6/17</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nathan Hathorn</u>	Amount of contribution (\$) <u>\$85.00</u>
Contributor address; City; State; Zip Code <u>101 Periwinkle, Abilene TX 79602</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Weldon W Hurt		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derick Hughes 6 Contributor address; City; State; Zip Code 4801 Prodigy Lane Abilene TX 79606	7 Amount of contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Jay Contributor address; City; State; Zip Code 1525 Creek bend Ct Abilene TX 79602	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wayne Hankam Contributor address; City; State; Zip Code Abilene TX 79602 1209 Pine St	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Marcikses Contributor address; City; State; Zip Code 1432 FM 1085 Trent TX 79561	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Weldon W Hurt		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russ Menke 6 Contributor address; City; State; Zip Code 6373 Huntington Pl Abilene TX 79601	7 Amount of contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Poarch Contributor address; City; State; Zip Code 626 EN 22nd Abilene TX 79601	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randy Wilkerson Contributor address; City; State; Zip Code 91 Glen Abby Abilene TX 79606	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Ratliff Contributor address; City; State; Zip Code 7625 Hwy 283 S Baird TX 79504	Amount of contribution (\$) \$85.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">5</div>
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Weldon W Hurt</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; font-family: cursive;">1-23-17</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">Denny Marsalis</div> 6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">210 Arnold Blvd Abilene TX 79605</div>	7 Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">\$500.00</div>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">2-1-17</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">James H Newcomb</div> Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">A818 CR 337 Abilene TX 79606</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">\$200.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">2-10-17</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">Russ Menke</div> Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">4373 Huntington Pl Abilene TX 79606</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">\$250.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <div style="font-size: 1.2em; font-family: cursive;">2-17-17</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">John Harvard</div> Contributor address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 5032 Abilene TX 79608</div>	Amount of contribution (\$) <div style="font-size: 1.5em; font-family: cursive;">\$100.00</div>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Weldon W Hurt

3 Filer ID (Ethics Commission Filers)

4 Date

2/24/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Darrell + Ginny Breland

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2401 Shoreline Dr Abilene TX 79602

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>		2 FILER NAME <u>Weldon W Hurt</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/12/17</u>		5 Payee name <u>Tm I</u>			
6 Amount (\$) <u>\$875.87</u>		7 Payee address; City; State; Zip Code <u>2180 Maple Abilene TX 79602</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
Date <u>1/23/17</u>		Payee name <u>Tm I</u>			
Amount (\$) <u>\$159.95</u>		Payee address; City; State; Zip Code <u>2180 Maple Abilene TX 79602</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			
Date <u>2/9/17</u>		Payee name <u>Unique Signs</u>			
Amount (\$) <u>\$593.68</u>		Payee address; City; State; Zip Code <u>32 Buttercup Dr Abilene TX 79606</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Printing</u>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>3</i>	2 FILER NAME <i>Weldon W Hurt</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/17</i>	5 Payee name <i>TM I</i>	
6 Amount (\$) <i>4,599.95</i>	7 Payee address; City; State; Zip Code <i>2180 Maple Abilene TX 79602</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2/21/17</i>	Payee name <i>Unique Signs</i>	
Amount (\$) <i>593.48</i>	Payee address; City; State; Zip Code <i>322 Buttercup Abilene TX 79606</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>2/27/17</i>	Payee name <i>TM I</i>	
Amount (\$) <i>29.89</i>	Payee address; City; State; Zip Code <i>2180 Maple Abilene TX 79602</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Pay Pal Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">3</div>	2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Weldon W Hurt</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-family: cursive; font-size: 1.2em;">3/29/17</div>	5 Payee name <div style="font-family: cursive; font-size: 1.2em;">Sally's Printing & Mail Service</div>	
6 Amount (\$) <div style="font-family: cursive; font-size: 1.2em;">\$379.96</div>	7 Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">1942 B Industrial Ab. Lane TX 79602</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-family: cursive; font-size: 1.5em; text-align: center;">Printing</div>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
Date	Candidate / Officeholder name	
Payee name	Office sought	
Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		